

COBB COUNTY SCHOOL DISTRICT  
MARIETTA, GEORGIA  
PROCUREMENT SERVICES DEPARTMENT

CONTRACTOR AFFIDAVIT AND AGREEMENT

By executing this affidavit, the undersigned contractor verifies its compliance with O.C.G.A. 13-10-91, stating affirmatively that the individual, firm, or corporation which is contracting with the Cobb County Board of Education has registered with and is participating in a federal work authorization program [any of the electronic verification of work authorization programs operated by the United States Department of Homeland Security or any equivalent federal work authorization program operated by the United States Department of Homeland Security to verify information of newly hired employees, pursuant to the Immigration Reform and Control Act of 1986 (IRCA), P.L. 99-603], in accordance with the applicability provisions and deadlines established in O.C.G.A. 13-10-91.

The undersigned further agrees that, should it employ or contract with any subcontractor(s) in connection with the physical performance of services pursuant to this contract with the Cobb County Board of Education, contractor will secure from such subcontractor(s) similar verification of compliance with O.C.G.A. 13-10-91 on the Subcontractor Affidavit provided in Rule 300-10-01- .08 or a substantially similar form. Contractor further agrees to maintain records of such compliance and to provide a copy of each such verification to the Cobb County Board of Education at the time the subcontractor(s) is retained to perform such service.

EEV/Basic Pilot Program User Identification Number

BY: Authorized Officer or Agent  
(Contractor Name)

Date

Title of Authorized Officer or Agent of Contractor

Printed Name of Authorized Officer or Agent

SUBSCRIBED AND SWORN  
BEFORE ME ON THIS THE

\_\_\_\_ DAY OF \_\_\_\_\_, 200\_\_\_\_

Notary Public

My Commission Expires: \_\_\_\_\_

\*As of the effective date of O.C.G.A. 13-10-91, the applicable federal work authorization program is the "EEV/Basic Pilot Program" operated by the U. S. Citizenship and Immigration Services Bureau of the U.S. Department of Homeland Security, in conjunction with the Social Security Administration (SSA).

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**SUBCONTRACTOR AFFIDAVIT**

By executing this affidavit, the undersigned subcontractor verifies its compliance with O.C.G.A. 13-10-91, stating affirmatively that the individual, firm or corporation which is engaged in the physical performance of services under a contract with (name of contractor), which has a contract with the Cobb County Board of Education, has registered with and is participating in a federal work authorization program [any of the electronic verification of work authorization programs operated by the United States Department of Homeland Security or any equivalent federal work authorization program operated by the United States Department of Homeland Security to verify information of newly hired employees, pursuant to the Immigration Reform and Control Act of 1986 (IRCA), P.L. 99-603], in accordance with the applicability provisions and deadlines established in O.C.G.A. 13-10-91.

\_\_\_\_\_  
EEV/Basic Pilot Program User Identification Number

\_\_\_\_\_  
BY: Authorized Officer or Agent  
(Subcontractor Name)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title of Authorized Officer or Agent of Subcontractor

\_\_\_\_\_  
Printed Name of Authorized Officer or Agent

SUBSCRIBED AND SWORN  
BEFORE ME ON THIS THE

\_\_\_\_ DAY OF \_\_\_\_\_, 200\_\_\_\_

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

\*As of the effective date of O.C.G.A. 13-10-91, the applicable federal work authorization program is the "EEV/Basic Pilot Program" operated by the U. S. Citizenship and Immigration Services Bureau of the U.S. Department of Homeland Security, in conjunction with the Social Security Administration (SSA).

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**COST PROPOSAL FORM – OPTION #1, 3 Year Firm/Fixed Pricing – *Reference Attachment E***

**COST PROPOSAL FORM – OPTION #2, 5 Year Firm/Fixed Pricing – *Reference Attachment F***

**COST PROPOSAL FORM – OPTION #3, 7 Year Firm/Fixed Pricing – *Reference Attachment G***

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**VENDOR QUESTIONNAIRE**

Questionnaire must be completed by ALL Vendors. Please use additional pages, if necessary to complete the following information:

Item	Description	Response										
.01	Annual \$ Volume of Business; to include all hardware, software and services provided to deliver <b>full E-Rate Priority One eligible Technical Support and Maintenance for WAN environment to eligible School Districts/Libraries.</b>											
.02	Will Temporary Staff and/or Sub-Contractors be used? Please provide contact information to include: <i>Name of Business, Primary Contact, Address, Phone, FAX, and Email and nature of subcontracted work.</i>											
03	<p>Contacts for Cobb County School District (<i>please include name, years of experience, résumé, address, phone/fax numbers and email addresses for each of the following</i>). The purpose of providing this information is for CCSD to ascertain the experience being offered to CCSD in your proposal. CCSD will not contact these individuals without first notifying the vendor:</p> <table border="1"> <tr> <td>Account Representative</td><td></td></tr> <tr> <td>Project Manager</td><td></td></tr> <tr> <td>Warranty Contact</td><td></td></tr> <tr> <td>Technical Support</td><td></td></tr> <tr> <td>Single Point of Contact for Billing (<i>Special Terms &amp; Conditions 2.4</i>)</td><td></td></tr> </table>	Account Representative		Project Manager		Warranty Contact		Technical Support		Single Point of Contact for Billing ( <i>Special Terms &amp; Conditions 2.4</i> )		
Account Representative												
Project Manager												
Warranty Contact												
Technical Support												
Single Point of Contact for Billing ( <i>Special Terms &amp; Conditions 2.4</i> )												
.04	Provide the local contact information ( <i>within a 100 mile radius of CCSD</i> ) & Project Manager to handle this account: <i>Include Name of Contact, Address, Phone, FAX, &amp; Email.</i>											



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Item	Description	Response
.05	Available financial ratings:	
.06	Indicate # of years providing <b>full E-Rate Priority One eligible Technical Support and Maintenance for WAN environment to School Districts/Libraries.</b>	
.07	Provide same information (.03 and .04) for all sub-contractors to be used by your company on this project.	
.08	Provide Technical Level Qualifications, Experience, and Appropriate Certifications as required to perform this Contract: ( <i>Special Terms &amp; Conditions 2.5</i> )	
.09	Additional Background information Pertinent to this Project:	

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VENDOR REFERENCE SHEET

References must be completed by ALL Vendors.

CCSD **requires** you to submit references. It is CCSD's preference that the references are for recent projects of a similar scope. If you are unable to provide 3 references of a similar scope, this will not be cause for rejection of your proposal, however could result in a lower score. *Similar scope is defined as providing all hardware, software and services to deliver full E-Rate Priority One eligible Technical Support and Maintenance for WAN environment to School Districts/Libraries.* Preference will be given to completed projects in K-12 environments. It is the vendor's responsibility to provide COMPLETE and ACCURATE reference information on the form below, INCLUDING FAX NUMBERS AND EMAIL ADDRESSES. **Please recognize that these references will be checked and will help determine final award of this project.** You must provide reference contact information for the actual company served. Listing your company personnel as a reference is not acceptable. **DO NOT INCLUDE COBB COUNTY SCHOOL DISTRICT AS A REFERENCE.**

Company/Organization:	
Contact Person:	
Address:	
Phone:	
Fax:	
Email:	
Brief description of project, including dates:	

Company/Organization:	
Contact Person:	
Address:	
Phone:	
Fax:	
Email:	
Brief description of project, including dates:	

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**Vendor Reference Sheet Continued**

Company/Organization:	
Contact Person:	
Address:	
Phone:	
Fax:	
Email:	
Brief description of project, including dates:	

**Additional References if applicable:**

Company/Organization:	
Contact Person:	
Address:	
Phone:	
Fax:	
Email:	
Brief description of project, including dates:	

Company/Organization:	
Contact Person:	
Address:	
Phone:	
Fax:	
Email:	
Brief description of project, including dates:	

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TO ALL PROSPECTIVE VENDORS:

Because of the many requests to be placed on our vendors' lists, we are continuously updating them. While we want to include all bona fide vendors, we do not want to send notifications to those vendors who may no longer be interested in participating in our solicitation procedure.

If you do not choose to respond to the attached Request for Proposal, please fill in the form below indicating whether or not you want to be retained on our current vendors' list.

Vendors who do not respond in any way (by either submitting a proposal or by returning the form below) over a period of one year will be removed from the vendors list.

It is not necessary to return this form, the Terms and Conditions of this proposal or the Specifications covering items in the proposal with your quotation. Vendors who do not wish to proposal often return the entire proposal package, sometimes at considerable postage expense. This is not at all necessary. Simply return the form at the bottom of the page.

Thank you for your cooperation.

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**"NO RESPONSE" REPLY FORM: RFP 01-08, WAN Upgrade and Services**

If you do not wish to respond to the attached Request for Proposal, please complete this form and mail/fax it to: Cobb County School District, Attention: Procurement Services Department, 6975 Cobb International Blvd., Kennesaw, Georgia 30152. Fax # 770-426-3371

I do not wish to submit a quotation on this Request for Proposal.

I wish to be retained on the vendors' list FOR THIS COMMODITY: Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
Company

\_\_\_\_\_  
Representative

You are invited to list reasons for your decision not to propose: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



COBB COUNTY SCHOOL DISTRICT  
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RFP Checklist

RFP # 01-08, WAN Upgrade and Services

The following items must be completed and submitted with your Proposal in order for your response to be considered:

- ☐ Reviewed all Attachments A-G
- ☐ Submitted required number of copies plus an original of the Non-Cost Proposal
- ☐ Submitted required number of copies plus an original of the Cost Proposal
- ☐ Contract Agreement – signed by an authorized company representative
- ☐ Vendor Questionnaire
- ☐ Vendor Reference Sheet
- ☐ Anything specified in the Special Terms and Conditions, etc:
  - Catalogs
  - Brochures
  - Samples
  - Warranty information
  - Proof of Insurance

Vendor: \_\_\_\_\_

Vendor Rep Signature: \_\_\_\_\_

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ATTACHMENTS

The following attachments (A-G) will be listed on our website [www.cobbk12.org](http://www.cobbk12.org) under Solicitations with this RFP 01-08, WAN Upgrade and Services. If you have any questions or concerns with this information, please contact Ginny Martin at [ginny.martin@cobbk12.org](mailto:ginny.martin@cobbk12.org).

Attachment A - CCSD Locations within the CCSD Service Area

Attachment B - ERATE Discount Calculation Grid

Attachment C -

E-Rate Ineligible Programs/Locations

Pre-K(Head Start) Program (all locations)

Adult Education Center

Attachment D & D(1) – Samples of both detail and summary billing information by location.

Attachment E - COST PROPOSAL FORM – OPTION #1, 3 Year Firm/Fixed Pricing

Attachment F - COST PROPOSAL FORM – OPTION #2, 5 Year Firm/Fixed Pricing

Attachment G - COST PROPOSAL FORM – OPTION #3, 7 Year Firm/Fixed Pricing